STATE OF MAINE

BOARD OF PHARMACY

APPLICATION FOR PHARMACIST LICENSURE BY EXAMINATION



Department of Professional and Financial Regulation

Office of Licensing and Registration 35 State House Station Augusta, ME 04333-0035

Office Telephone: (207) 624-8689 or (207) 624-8620 TTY/Hearing Impaired (207) 624-8563 Fax: (207) 624-8637

Office located at: 122 Northern Avenue, Gardiner, Maine

Email: kelly.1.mclaughlin@maine.gov

APPLICATION INSTRUCTIONS LICENSURE BY SCORE TRANSFER

se contact this office if any of these items are missing):
Application for licensure by Score Transfer
NAPLEX/MPJE Registration Bulletin - <u>www.nabp.net</u>
Instructions on preparing for the Multi-state Pharmacy Jurisprudence Exam
Credit card authorization form
Accommodation request form (Americans with Disabilities Act)

THE FOLLOWING IS THE APPLICATION PROCEDURE:

- Complete the application for licensure by score transfer (check the appropriate box) as directed on the application and submit to the Maine Board along with the required fees. Please note score transfer is only valid for one year from date of passing NAPLEX examination.
- Complete the Multi-state Pharmacy Jurisprudence Examination registration form (included in the Registration Bulletin) and submit directly to National Association Boards of Pharmacy (NABP), 700 Busse Highway, Park Ridge, IL 60068. The fee for the MPJE is \$170.00 (payment must be made in the form of a certified bank check or money order and made payable to NABP) NOTE: NABP will NOT accept a personal checks or credit card payments. The Board of Pharmacy requires an additional examination application fee of \$100.00 payable to Treasurer, State of Maine (VISA or MasterCard are accepted— see credit card authorization form).
- The Maine Board of Pharmacy requires an examination application fee of \$100.00 and a \$15.00 fee for the criminal history record check. Total due: \$115.00 payable to Treasurer, State of Maine (VISA or MasterCard are accepted—see credit card authorization form).
- Your NAPLEX and MPJE score result is reported directly by electronic means to the Maine Board, which will be reported to you in writing.
- A Foreign pharmacy graduate must submit the FPGEC issued by NABP with this application.
- Recent passport size photograph.
- Official transcripts of pharmacy degree.

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the enclosed "request for accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on-site.

The Board of Pharmacy requires that all supporting documents and fees be submitted with the filing of your application. Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted. Documents that have been modified or altered in any way will not be accepted.

APPLICATION INSTRUCTIONS LICENSURE BY EXAMINATION (NAPLEX)

OLLOWING IS INCLUDED IN THIS PACKET e contact this office if any of these items are missing):
Application for licensure by examination NAPLEX/MPJE Registration Bulletin - www.nabp.net Instructions on preparing for the Multi-state Pharmacy Jurisprudence Exam Accommodation request form (Americans with Disabilities Act)

THE FOLLOWING IS THE APPLICATION PROCEDURE:

- Complete the application for licensure by examination (check the appropriate box) as directed on the application.
- Complete the Multi-state Pharmacy Jurisprudence Examination registration form and the NAPLEX registration form (included in the Registration Bulletin) and submit directly to National Association Boards of Pharmacy (NABP). The fee for the MPJE is \$170.00 and for the NAPLEX is \$430.00. Payment must be made in the form of a certified bank check or money order and made payable to NABP) NOTE: NABP will NOT accept a personal checks or credit card payments.

NOTE: Please be sure to read the NAPLEX/MPJE Registration Bulletin carefully. It contains very important information about these exams. The NAPLEX and MPJE registrations must be submitted at the same time directly to National Association Boards of Pharmacy (NABP), 700 Busse Highway, Park Ridge, IL 60068. The payments, however, must be made separately.

- The Maine Board of Pharmacy requires an examination application fee of \$100.00 (per exam) and a \$15.00 fee for the criminal history record check. Total due: \$215.00 payable to Treasurer, State of Maine (VISA or MasterCard are accepted—see credit card authorization form).
- NAPLEX and MPJE results are reported electronically to the Maine Board. The applicant will then be notified, in writing, of a passing or failing score.
- Foreign pharmacy graduates must submit the FPGEC with application
- Official transcripts of pharmacy degree
- Recent passport size photograph

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the enclosed "request for accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on-site.

The Board of Pharmacy requires that all supporting documents and fees be submitted with the filing of your application. Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted. Documents that have been modified or altered in any way will not be accepted.



STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION BOARD OF PHARMACY

35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035

JOHN ELIAS BALDACCI GOVERNOR ANNE L. HEAD

√ CH	ECK ONE:	
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\$115.00

	Licensure	by	Exami	ination	(inc	ludes	appli	cation	revie	w an	d li	cense	upon	suc	cessfu	lly
•	ssing the N 15.00	NAPI	LEX _{TM}	and M	IPJE	and th	ne crir	minal	history	reco	rd c	check	fee)∃	Total	fee du	e:
	Licensure	by	Score	Transf	fer (ir	nclude	s app	licatio	n revi	iew ar	nd li	icense	upon	succ	cessful	lly

passing the NAPLEX and MPJE and the criminal history record check fee) Total fee due:

Please Make Check Payable to Treasurer, State of Maine or completed credit card authorization form

COMPLETE THE FOLLOWING IN INK (TYPE OR PRINT):

Name	9:				
Any	other names used:				
Conta	act Address:				
City:		State:		Zip Code:	
Coun	nty:		Telephone #:		
Socia	al Security #:			Date of Birth:	
Email	address:				
Employme	ent (drug stores only):				
Dates:	From		To		
	From		To		

FromT	Го

College of Pharmacy:	
Date of graduation:	
Date of high school graduation:	
Check appropriate response to the questions below. Any YES response must be fully explain written statement on a separate sheet of paper, signed and dated, and submitted with your application.	ed by
Have you ever:	
Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DE Registration ever been modified, restricted, suspended or revoked? Has any state or province denied, restricted, modified, suspended or revoked your state permit to prescribe or dispense controlled substances?	е
Have any state or territory of the U.S., province/territory of Canada, or any other jurisdiction denied your application for any type of examination, professional license, certificate or regist taken any disciplinary action against the license issued to you in that jurisdiction (including limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted probation with or without monitoring)?	ration, o , but not
Left a regulatory jurisdiction while allegations were pending?	
Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses, including minor traffic or parking violations)? If yes, please describe below in detail the crime(s), list dates(s), and submit a copy of the cour judgements(s) as well as a letter from you explaining the circumstances surrounding your conv	rt
Been disciplined by a professional society or resigned while an accusation was pending?	
LIST BELOW EVERY STATE IN WHICH YOU HAVE EVER HELD OR CURRENTLY HOLD /	Д
STATE, TERRITORY, COUNTRY LIC/REG NUMBER DATE ISSUED EXPIRATION DATE	

ATTACH A SEPARATE PIECE OF PAPER 8 $\frac{1}{2}$ " by 11" IF ADDITIONAL SPACE IS NEEDED

*You must also send the enclosed **Verification of Licensure** form to any other state board where you hold or have held a license. Please follow directions on the form.

Criminal History Record Checks

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for each application filed with this office.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. As of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety, which shall be \$15.00 as of May 1, 2003.

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

By submitting this application and supporting documents I understand that the Board of Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Applicant's signature:_		
Date:		

CERTIFICATE OF GOOD MORAL CHARACTER AND TEMPERATE HABITS

This certificate of good moral character and temperate habits must be furnished and signed by a person of good standing

in the community in which h	ne or she resides.		
Date:		_	
To the Board of Pharma	acy:		
I,	rinted name)	_of	,
	rinted name) , state of		,
being duly sworn, do sa	ay upon oath that		,
sufficient to afford me a character and tempera drugs so as to render I	/ acquaintance with him/her thromple opportunity to become furte habits, that he/she is not achim/her unfit to practice pharmalyher so far as his/her charactarmacy in Maine.	Ily informed as to his/her mod ddicted to the use of alcohol nacy, that he/she is of good	oral lic liquors or narcotic moral character and
Signature			
Occupation			
Address			
By submitting this appli	ication and supporting docume on for issuance of my license a e imposed, including denial, s be false.	ents I understand that the Bo and that this information is tru	pard of Pharmacy will uthful and factual and
SIGNATURE OF APP	LICANT	DATE	

AFFIDAVIT OF INTERNSHIP EXPERIENCE

State of, County of	,
I,	_, a licensed pharmacist, holder of
license number, issued by the	Board of
Pharmacy, a resident of	in the county of
and state of	,
do hereby certify that I am personally acquainted with	n,
the applicant, and that for the period of	, from the
day of day	of
,, said	
was under my direction and instruction in the compou	ınding and selling of drugs, in the
retail drug store or pharmacy of	,
located at	
Enter total number of hours worked:	
Signature of licensed supervising pharmacist	
Printed name of licensed supervising	
License # expiration date of supervising pharma	icist and state of licensure
Dated:	

By submitting this application and supporting documents I understand that the Board of Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

SIGNATURE OF APPLICANT

DATE

THIS FORM MAYBE PHOTOCOPIED IF NECESSARY

VERIFICATION OF LICENSURE

THIS FORM MUST BE COMPLETED BY THE STATE LICENSING AGENCY

To be completed by applicant prior to mailing to each state in which you now hold or have ever held a license to practice. Please print. (This form may be copied as necessary.)					
Applicant	,	• ,			
Name:					
Contact					
Address:					
	(state)	(zip code)			
License #:	Date Issued:				
I hereby authorize the Board of Pharmacy of					
to furnish to the Maine State Board of Phar	macy the information reques	sted below.			
Applicant Cignoture	D	ata.			
Applicant Signature:	Da	ate:			
To be completed by the State Licensing B	Soard verifying the above in	formation. Please complete			
this section and return to the applicants a	, ,	iormation i loado dompioto			
LICENSING BOARD OR AGENCY: This	is to certify that the above-n	amed was issued:			
License # Date iss	-	Date of expiration			
		•			
Current Status of License: (check all that a ?Probation ?Restricted ?Suspended	,	?Lapsed			
Disciplinary Action: (If yes, please attach a discipline and a copy of the consent agree					
Has this license ever been revoked, suspe probation, encumbered in any way or is it of		• •			
Signature:					
Title:					
State completing this form:					
Date:					
	(SEAL)				



GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (TTY/HEARING IMPAIRED)

ANNE L. HEAD





AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)					
Mailing Address: (applicant fees being paid for)					
City:	Sta	te:		Zip Code:	
County:		Telephone:			
Name of cardholder: (if other than applicant))L			
Mailing Address: (if other than applicant)					
City:	Sta	ite:		Zip Code:	
authorize the State of Maine, Licensing and Registration to Visa MasterCa	charge my	/ :	ınd Fina	ncial Regulatio	on, Office of
			number	•	
Expiration date:/_		in the amount of:	\$		
Signature:		<u></u>	:	//	
PHONE: (207)624-8620 (Office Phone)		PRINTED ON RECYCLED PAPER		FAX: (20)	7)624-8637

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OHN ELIAS BALDACCI

STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION BOARD OF PHARMACY 35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035 (207) 624-8563 (TTY/HEARING IMPAIRED)

ANNE L. HEAD

DIRECTOR

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will note be shared with any outside source without your express written permission

Na 	ame:					
A	ddress:					
Disal	ommodations Requested for the Examination. bility be check all that apply					
	Accessible Testing Site					
<u> </u>	Separate Testing Site					
	Braille					
	Large Print					
	Таре					
	Reader as Accommodation for Visual Impairment					
	Scribe/Amanuensis as Accommodation for Visual or Motor Impairment					
	Reader as Accommodation for Learning Disability					
<u> </u>	Scribe/Amanuensis as Accommodation for Learning					
	Sign Language Interpreter					
	Extended Time					
	☐ Time-and-a-half					
	☐ Double time					
_	■ More than double time (specify)					
╡	Use of Computer or Other Adaptive Equipment (specify)					
	Other:					

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disability condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have knowncapacity as a (Test applicant)				since	
			(date)		
		(professional title)			
opin	ion that bec	s discussed with me the ause of this applicant following: (check all types	's disability, he/s		
	Taped test				
	Large print Reader Scribe/am				
	Extended t				
	Doul	e-and-a-half ble time e that double time (plea	se justify)		
		esting Area	J,		
		puter or Other Adapti			
Signed:			Ti	itle:	
Date	:	Lic	cense # (If applicable):		